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| To:  | USPTO – Central Fax Number   | Fax:   | 1-571-273-8300                          |
| From:  | Paul L. Hickman  | Date:  | May 20, 2008                            |
| Re:  | Application No. 10/066,394<br>Request for Withdrawal as Attorney or<br>Agent and Change of Correspondence<br>Address | Pages: | Total pages including<br>cover sheet: 3 |
| Our Docket No. DAC2P011.US01   |  |        |   |
| <input type="checkbox"/> Urgent <input type="checkbox"/> For Review <input type="checkbox"/> Please Comment <input checked="" type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle |  |        |   |

Re: **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT  
AND CHANGE OF CORRESPONDENCE ADDRESS**  
Application No. 10/066,394  
Our Docket No. DAC2P011.US01

Please see the attached correspondence.

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PTO/SB/21 (01-08)

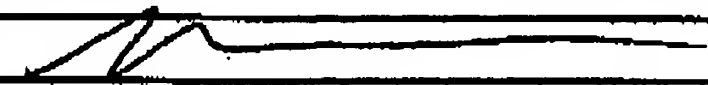
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|---|----------------------|------------------------|---------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number   | 10/055,394             |               |
|   | Filing Date          | February 1, 2002       |               |
|   | First Named Inventor | David Chang            |               |
|   | Art Unit             | 2829                   |               |
|   | Examiner Name        | Ernest F. Karsen       |               |
| Total Number of Pages in This Submission  | 2                    | Attorney Docket Number | DAC2P011.US01 |

| ENCLOSURES (Check all that apply)   |  |   |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Request for Withdrawal as Attorney or Agent and Change of Correspondence Address |
| <b>Remarks</b><br>The Commissioner is authorized to credit/debit Deposit Account No. 50-3539 if deemed necessary for this submission.   |  |   |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |  |          |                     |
|--|--|----------|---------------------|
| Firm Name                                  | TIPS Group   |          | CUSTOMER NO. 45,965 |
| Signature                                  |  |          |                     |
| Printed name                               | Paul L. Hickman  |          |                     |
| Date                                       | May 20, 2008   | Reg. No. | 29,516              |

| CERTIFICATE OF TRANSMISSION/MAILING   |   |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: |   |
| Signature   |  |
| Typed or printed name   | Laura L. Hulac  |
| Date  | May 20, 2008  |

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

|                        |                   |
|------------------------|-------------------|
| Application Number     | 10496 894         |
| Filing Date            | February 1, 2002  |
| First Named Inventor   | Davis Cheng       |
| Att. Unit              | 2428              |
| Examiner Name          | Ernest F. Carlson |
| Attorney/Deputy Number | BA02PORT USB1     |

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please attach me as attorney or agent for the above described patent application, and

- ☒ all the attorneys/agents of record;
- ☐ the Attorney/Agents (with registration numbers) listed on the attached page(s), or
- ☐ the attorney/agents associated with Case/Case Number \_\_\_\_\_

**NOTE:** This box can only be checked when the power of attorney is recorded in the appropriate state and the practitioners associated with a customer number.


**The reasons for this request are:**

## CORRESPONDENCE ADDRESS

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2. ☒ Change the correspondence address and direct all future correspondence to:

☐ For address associated with Customer Number:

**●**

|                                     |                 |   |                  |                        |
|-------------------------------------|-----------------|---|------------------|------------------------|
| <input checked="" type="checkbox"/> | Individual Name | David Chang   |                  |                        |
|                                     | Address         | Creative Design Engineering, Inc.   |                  |                        |
|                                     | City            | San Jose  | State            | CA                     |
|                                     | Country         | USA   | Zip              | 95134                  |
|                                     | Telephone       | (408) 735-7273  | Email            | Service@CDE-Rm-Nap.com |
|                                     | Signature       |  |                  |                        |
|                                     | Name            | Brian F. Clement  | Registration No. | 26145                  |
|                                     | Date            | 10-3-6-2003   | Telephone No.    | 850-838-4141           |

**NOTE:** Withdrawal is defined as any withdrawal more than 14 days after arrival. (Please note any withdrawal more than 14 days after arrival is subject to a withdrawal fee of \$1000 and is subject to a 10% deposit of the total fee.)

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